

<b>For Office Use Only</b>	Vermont Department of Labor <b>WAGE AND HOUR PROGRAM</b> P.O. Box 488 • Montpelier, VT 05601-0488 Telephone: 802-828-0267 • Fax: 802-828-4198 Email: <a href="mailto:wagehour@labor.state.vt.us">wagehour@labor.state.vt.us</a> <b>WAGE / BENEFIT CLAIM FORM</b>	<b>For Office Use Only</b>
	Claim #:	
	Entered: _____	

Name: \_\_\_\_\_ SS #: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
 (P.O. Box / Street) (Town) (State) (Zip Code)

If no telephone, how may you be reached? \_\_\_\_\_ Are you a high school student? \_\_\_\_\_

May we leave an explicit message for you, including information about this complaint? \_\_\_\_\_

Business Name: \_\_\_\_\_ Business Telephone #: \_\_\_\_\_

Business Owner's Name: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Business MAILING address: \_\_\_\_\_  
 (P.O. Box / Street) (Town) (State) (Zip Code)

Business PHYSICAL address: \_\_\_\_\_  
 (Street) (Town) (State) (Zip Code)

How long have you worked for this employer? \_\_\_\_\_ Do you still work for this employer? \_\_\_\_\_

If "No", check one: ☐ Fired ☐ Quit ☐ Laid Off ☐ Date of Separation from Employment: \_\_\_\_\_

Claim for (check all that apply): ☐ Unpaid Wages ☐ Unpaid Overtime ☐ Improper Deduction ☐ Unpaid Benefits

Total Amount of Claim: \$ \_\_\_\_\_

Dates of employment for which you were not properly paid: \_\_\_\_\_ through \_\_\_\_\_

Total Time Unpaid / Improperly Paid: \_\_\_\_\_ Rate of Pay: \$ \_\_\_\_\_ per \_\_\_\_\_ (hr., day, wk. yr.)

Please explain your claim (attach additional sheets if necessary):

*I hereby certify that, to the best of my knowledge, these statements are true. I understand that a copy of this claim, and any materials that I submit to the Wage & Hour Program relative to this claim, will be forwarded to my employer and/or my employer's representative.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DISTRIBUTION:** Pink = Claimant White & Yellow = Wage & Hour

#### Equal Opportunity is the Law

The State of Vermont is an Equal Opportunity/Affirmative Action Employer. Applications from women, individuals with disabilities, and people from diverse cultural backgrounds are encouraged. Auxiliary aids and services are available upon request to individuals with disabilities. 711 (TTY/Relay Service) or 802-828-4203 TDD (Vermont Department of Labor).